

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101591,162

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER 1st AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER 1st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3		/					53						
4	/						54						
5		/					55						
6	/						56						
7		/					57						
8	/						58						
9		/					59						
10	/						60						
11		/					61						
12	/						62						
13		/					63						
14	/						64						
15		/					65						
16	/						66						
17		/					67						
18	/						68						
19		/					69						
20	/						70						
21		/					71						
22	/						72						
23		/					73						
24	/						74						
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26	/						76						
27		/					77						
28	/						78						
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31		/					81						
32	/						82						
33		/					83						
34	/						84						
35		/					85						
36	/						86						
37		/					87						
38	/						88						
39		/					89						
40	/						90						
41		/					91						
42	/						92						
43		/					93						
44	371						94						
45	138						95						
46	381						96						
47	138						97						
48							98						
49							99						
50							100						
TOTAL IND.	/	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	46	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	47						TOTAL CLAIMS						